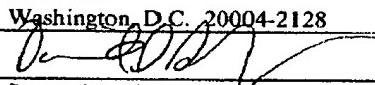


RECEIVED
CENTRAL FAX CENTER

SEP 13 2005

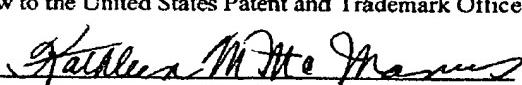
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/622,772
		Filing Date	07/21/2003
		First Named Inventor	Marc ROHRSCHEIDER
		Group Art Unit	3752
		Examiner Name	Christopher S. Kim
Total Number of Pages in This Submission	18	Attorney Docket Number	740116-490

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawings <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	
		Remarks	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	David S. Safran, Reg. No. 27,997 Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128		
Signature	 SEP 14 2005		
Date	September 13, 2005		

RECEIVED
OIPE/IAP

SEP 14 2005

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]			
I hereby certify that this correspondence is being:			
<input type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop _____, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450			
<input checked="" type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at 571-273-8300			
September 13, 2005		 Signature Kathleen M. McManus Typed or printed name	

W651190.1

SEP 13 2005

FEE TRANSMITTAL FOR FY 2005

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$220.00)

Complete if Known	
Application Number	10/622,772
Filing Date	07-21-2003
First Named Inventor	Marc ROHRSCHEIDER
Examiner Name	Christopher S. Kim
Art Unit	3752
Attorney Docket No.	740116-490

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number

19-2380(740116-490)

Deposit Account Name

Nixon Peabody LLP

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	300	2001	150	Utility filing fee	
1002	200	2002	100	Design filing fee	
1003	200	2003	100	Plant filing fee	
1004	300	2004	150	Reissue filing fee	
1005	200	2005	100	Provisional filing fee	

SUBTOTAL (1)

(\$ 0)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	46	-4** =	2	X	50	=	100.00	Fee from below	Fee Paid
Independent Claims	2	-1** =	0	X		=	0		
Multiple Dependent			X			=	0		

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple dependent claim, if not paid
1204	200	2204	100	** Reissue independent claims over original patent
1205	50	2205	25	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$100.00)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	120	2251	60
1252	450	2252	225
1253	1,020	2253	510
1254	1,590	2254	795
1255	2,160	2255	1,080
1401	500	2401	250
1402	500	2402	250
1403	1,000	2403	500
1451	1,510	1451	1,510
1452	500	2432	250
1453	1,500	2453	750
1501	1,400	2501	700
1502	800	2502	400
1503	1,100	2503	550
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	790	2809	395
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900
Other fee (specify)			

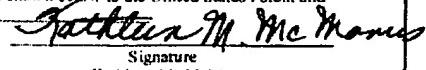
*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$120.00)

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

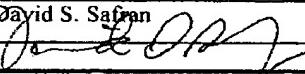
I hereby certify that this correspondence is being:

- deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop _____, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450
- transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at 703-273-8300

September 13, 2005
Date

 Signature
 Kathleen M. McManus
 Typed or printed name

SUBMITTED BY

Complete if applicable

Name (Print/Type)	David S. Safran	Registration No. (Attorney/Agent)	27,997	Telephone	703-827-8094
Signature				Date	September 13, 2005

 SEND TO: Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

W674632.1